

APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT

If You Need Additional Space, Continue Under Remarks Listing Item Number											
1. Name Last, First, Middle Initial Mr. Miss. Mrs. Ms.			2. Phone Number			3. Social Security Number					
4. Present Address						5. Place of Birth					
6. Other Names Previously Used for Employment Purposes						7. Date of Birth					
						City					
						State					
						Foreign					
						Country					
GENERAL											
8. Are you a U.S. YES <input type="checkbox"/> NO <input type="checkbox"/> Give the Country of your citizenship _____											
9. a. Were you ever a Federal civilian employee? YES <input type="checkbox"/> NO <input type="checkbox"/> For highest civilian grade give: _____ / _____ series grade											
b. Are you receiving a Federal annuity YES <input type="checkbox"/> NO <input type="checkbox"/>											
10. Do you have any relatives that are Judges, Officers or employees of the United States Courts? If so, give their names, positions, and relationships to you.											
11. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain under Remarks at the end of this form.											
12. Have you ever been YES <input type="checkbox"/> NO <input type="checkbox"/> (You may omit: (1) offenses committed before your 18 th birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender law; juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) violations for which you paid a fine of \$100 or less) If yes, explain under Remarks at the end of this form.											
EDUCATION											
12. a. Do you have a high school diploma or G.E.D. equivalent? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Date of Completion _____											
b. Name and location of colleges or attended (including law schools)			Dates Attended		Number of Credit Hours Quarter Semester		Degree		Date Received		Grade Point Average and/or scholastic standing
Chief Undergraduate Subjects			Credit Hours Quarter Semester		Chief Undergraduate Subjects				Credit Hours Quarter Semester		
c. Special skills, accomplishments, awards, honors, fraternities, sororities & societies YES <input type="checkbox"/> NO <input type="checkbox"/>											
d. Other schools or training such as trade, vocational, Armed Forces, or business. Give for each: Name and location of school, dates attended, subject studied, certificates, and any other pertinent data.											
MILITARY SERVICE											
14. a. Have you ever served on active duty with the military? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, attach a copy of DD 214, Notice of Separation.											
b. Are you retired from military YES <input type="checkbox"/> NO <input type="checkbox"/>											
APPLICANTS FOR LEGAL POSITIONS											
15. a. Are you admitted to the Bar? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list the Bar(s) to which admitted and dates of admission:											
Is your Bar membership <input type="checkbox"/> Active <input type="checkbox"/> Inactive											
b. Did you attend a Bar review course? YES <input type="checkbox"/> NO <input type="checkbox"/> List type of course: Dates Attending: From: _____ To: _____											

WORK EXPERIENCE

Including experience while in military service.

(Start with your present position and work back 10 years. Use additional page if necessary.)

A

Dates of Employment (month, day, year) From: _____ To: _____		Number of hours worked per week: _____	Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Classification Grade/Level	Place of Employment City _____ State or Country _____	Kind of Business or Organization
Name and Address of Employer (<i>firm, organization, etc.</i>)			Name and Title of Immediate Supervisor	
Business Telephone: Area Code Number			Number of Employees Supervised	
Reason for Leaving				
Description of Work				

B

Dates of Employment (month, day, year) From: _____ To: _____		Number of hours worked per week: _____	Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Classification Grade/Level (<i>If in Federal Service</i>)	Place of Employment City _____ State _____	Kind of Business or Organization
Name and Address of Employer (<i>firm, organization, etc.</i>)			Name and Title of Immediate Supervisor	
Business Telephone: Area Code Number			Number of Employees Supervised	
Reason for Leaving				
Description of Work				

REMARKS: (*Use this space for continuation of answers. List the number of items being continued.*)**APPLICANT CERTIFICATION**

I certify that, to the best of my knowledge and belief, all of the information on this form is true and correct. I understand that false or fraudulent information on or attached to this form may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED

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CONTINUATION SHEET AO-78

Dates of Employment (month, day, year) From: _____ To: _____		Number of hours worked per week: _____		Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Classification Grade/Level (If in Federal Service)		Place of Employment City _____ State _____	
Name and Address of Employer (firm, organization, etc.)				Name and Title of Immediate Supervisor	
Business Telephone: Area Code Number				Number of Employees Supervised	
Reason for Leaving					
Description of Work					

Dates of Employment (month, day, year) From: _____ To: _____		Number of hours worked per week: _____		Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Classification Grade/Level (If in Federal Service)		Place of Employment City _____ State _____	
Name and Address of Employer (firm, organization, etc.)				Name and Title of Immediate Supervisor	
Business Telephone: Area Code Number				Number of Employees Supervised	
Reason for Leaving					
Description of Work					

Dates of Employment (month, day, year) From: _____ To: _____		Number of hours worked per week: _____		Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Classification Grade/Level (If in Federal Service)		Place of Employment City _____ State _____	
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